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# TRANSMITTAL FORM

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Total Number of Pages in This Submission

11

Application Number

10/003,009

Filing Date

11/23/2001

First Named Inventor

Boris Leschinsky

Art Unit

3731

Examiner Name

Vy Q. Bui

Attorney Docket Number

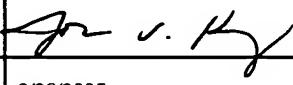
ENDOV-58795

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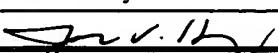
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

of Correction

Firm or Individual name	John V. Hanley FULWIDER PATTON LEE & UTECHT, LLP
Signature	
Date	2/28/2005

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Typed or printed name	John V. Hanley		
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of

BORIS LESCHINSKY

Patent No.: 6,827,730 B1

Issued: December 7, 2004

Serial No: 10/003,009

Filed: November 23, 2001

For: REDUCED DIAMETER  
STENT/GRAFT DEPLOYMENT  
CATHETER

Examiner: Vy Q. Bui

Group Art Unit: 3731

Client ID/Matter No: ENDOV 58795

February 28, 2005  
Los Angeles, California 90045

REQUEST FOR CERTIFICATE OF CORRECTION

Certificate of Correction Department  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

The above-identified patent has been found to have the errors set forth in the enclosed Certificate of Correction. It is requested that this Certificate of Correction be issued and returned to us. Since these errors occurred in the final printing phase of the patent, no fee is enclosed. However, should the Office determine that a fee is required, please charge our Deposit Account No. 06-2425.

MAR 21 2005

The errors are verifiable in the patent application file as follows:

<u>ERROR</u>	<u>APPLICATION FILE</u>
Column 1, line 32, after "in a very" delete "id".	Application filed on November 23, 2001. See Attachment A, page 2.
Column 3, line 40, after "The stent/graf" insert --30--.	Application filed on November 23, 2001. See Attachment A, page 8.
Column 3, line 42, after "and of the tip" insert --50--.	Application filed on November 23, 2001. See Attachment A, page 8.
Column 3, line 43, delete "stand" and insert --and--.	Application filed on November 23, 2001. See Attachment A, page 8.
Column 6, line 20, delete "claim 4" and insert --claim 5--.	Amendment dated April 14, 2004. See Attachment B.

We respectfully request that this Certificate of Correction be expeditiously issued since the errors reported herein were incurred through the fault of the United States Patent and Trademark Office.

Attached hereto, in duplicate, is Form PTO-1050, with at least one copy being suitable for printing.

MAR 21 2005

A duplicate of this document is attached.

Respectfully submitted,

FULWIDER PATTON LEE & UTECHT, LLP

By:   
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78719.1

MAR 21 2005



PATENT

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5 and finally divides into the iliac arteries which supply blood to  
the pelvis and lower extremities.

The AAA ordinarily occurs in the portion of the aorta below  
the kidneys. When left untreated, the aneurysm will eventually  
cause the sac to rupture with ensuing fatal hemorrhaging in a very  
10 short time. The repair of abdominal aortic aneurysms has  
typically required major abdominal surgery in which the diseased  
and aneurysmal segment of the aorta is bridged with a prosthetic  
device, such as a synthetic graft.

As with all major surgeries, there are many disadvantages to  
15 the above mentioned surgical technique, the foremost of which is  
the high mortality and morbidity rate associated with surgical  
intervention of this magnitude. Other disadvantages of  
conventional surgical repair include the extensive recovery period  
associated with such surgery; difficulties in suturing the graft  
20 to the aorta; the unsuitability of the surgery for many patients,  
particularly older patients exhibiting comorbid conditions; and  
the problems associated with performing the surgical procedure on  
an emergency basis after the aneurysm has already ruptured.

In view of the above mentioned disadvantages of conventional  
25 surgical repair techniques, techniques have been developed for  
repairing AAAs by intraluminally delivering an aortic graft to the

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS

FIG 1 illustrates a longitudinal cross section of a co-axial prior art stent/graft deployment catheter. Said catheter is comprised of a catheter body 10, a tip 50, an inner tube 40, a stent/graft 30, and a plunger 20, all of which are co-axial and have proximal and distal ends. Only the distal portion of the deployment catheter is shown for clarity. The catheter body 10 is slidably disposed about the inner tube 40 and has a delivery sheath portion 42, a tube portion 43, and an inner surface 70.

The plunger 20 is slidably disposed about the inner tube 40 and is slidably disposed within the catheter body 10. The distal end of the inner tube 40 is attached to the tip 50. The stent/graft 30 is slidably disposed about the inner tube 40 and within the delivery sheath portion 42 of the catheter body 10 and is between the proximal end of the tip 50 and the distal end of the plunger 20. The stent/graft 30 has an outer surface 60 and a lumen 52 extending from its proximal end to its distal end. The stent/graft lumen 52 is occupied by a distal portion 41 of the inner tube 40. The delivery sheath portion 42 of the catheter body 10 is located between the tip 50 and the tube portion 43 of the catheter body 10. The inner and outer diameters of the

Claim 8 (currently amended): The method of claim [[7,]]6 wherein the system includes a guidewire slidably received within the inner tube and further comprising placing the guidewire within the vasculature.

Claim 9 (previously presented): The method of claim 8, further comprising configuring the guidewire across the target site.

Claim 10 (previously presented): The method of claim 9, further comprising advancing the catheter and plunger over the guidewire to the target site.

Claim 11 (previously presented): The method of claim 10, wherein the system includes a introducer sheath sized to receive the delivery sheath and further comprising configuring the system for placement within vasculature by coaxially arranging the introducer sheath about the delivery sheath and the delivery sheath about the plunger and inner tube.

Claim 12 (previously presented): The method of claim 11, further comprising employing the introducer sheath to dilate an insertion site into which the system is advanced.

Claim 13 (previously presented): The method of claim 12, further comprising removing the introducer sheath while leaving the delivery sheath in place in the vasculature.

Claim 14 (previously presented): The method of claim 6, wherein the medical device is self-expanding.

Claim 15 (previously presented): The method of claim 6, wherein the medical device is a stent/graft.

Claim 16 (previously presented): The method of claim 6, wherein the system includes an introducer sheath and further comprising introducing the introducer sheath within vasculature subsequent to placement of the delivery sheath into vasculature.

Claim 17 (previously presented): The method of claim 6, wherein the plunger is advanced with respect to the catheter.

**UNITED STATES PATENT AND TRADEMARK OFFICE  
CERTIFICATE OF CORRECTION**

PATENT NO. : 6,827,730 B1

DATED : December 7, 2004

INVENTOR(S) : Boris Leschinsky

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Column 1.

Line 32, after "in a very" delete "id".

Column 3.

Line 40, after "The stent/graft" insert --30--.

Line 42, after "and of the tip" insert --50--.

Line 43, delete "stand" and insert --and--.

Column 6.

Line 20, delete "claim 4" and insert --claim 5--.

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**Los Angeles, CA 90045**

PATENT NO. 6,827,730 B1

No. of additional copies

Page 1 of 1

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